

Authority: Rule 380.201-380.209 of
P.A. 451, Public Acts of 1976
COMPLETION REQUIRED

Michigan Department of Education
OFFICE OF PROFESSIONAL PREPARATION SERVICES
P.O. Box 30008, Lansing, Michigan 48909

Direct questions regarding
this form to 517-373-3310.

APPLICATION FOR PRELIMINARY AND SCHOOL PSYCHOLOGIST CERTIFICATE FOR CANDIDATES WHO COMPLETED REQUIREMENTS OUT OF STATE

NOTE: Do not use this form if you completed requirements at a Michigan university. You must apply through the Michigan university where you completed the school psychologist program. Do not use this form if you do not hold a valid out-of-state school psychologist certificate. You must apply through an approved Michigan university.

INSTRUCTIONS:

- â Complete items 1 through 5. **PLEASE PRINT OR TYPE.** Attach a photocopy of your out-of-state School Psychologist certificate and return to the address above.
- ã Preliminary School Psychologist certificate applicants must request the out-of-state college or university where you completed the appropriate school psychologist program credits to forward transcripts directly to you to submit with the application. It is the applicant's responsibility to ensure all materials arrive under the same name.
- ä Upon receipt of your application, you will be billed the \$175.00 fee. Your application will not be reviewed until the fee payment has been posted.

1 APPLICANT INFORMATION *(Please type or print)*

| | | | | |
|------------------------|---------------|----------------------------------|--|----------|
| Social Security Number | | Name: Last/First/ Middle Initial | | Maiden |
| Street Address (Home) | | City, State | | Zip Code |
| Telephone () | Date of Birth | Sex 9 Male 9 Female | | |

RACIAL AND ETHNIC CATEGORIES

- 9 American Indian or Alaskan Native (having origins in any of the original peoples of North America or maintaining cultural identification through tribal affiliation or community recognition.)
- 9 White, NOT of Hispanic origin (a person having origins in any of the original people of Europe, North Africa or the Middle East.)
- 9 Black, NOT of Hispanic origin (a person having origins in any of the black racial groups of Africa.)
- 9 Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.)
- 9 Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.)
- 9 Multiracial: (a person of mixed racial-ethnic origins.)

1 TYPE OF CREDENTIAL *(Please check only one)*

- 9 Preliminary School Psychologist Certificate (You must submit official student issued transcripts and a copy of your valid out-of-state School Psychologist Certificate with this application.)
- 9 School Psychologist Certificate (You must submit work experience report form(s) and a copy of your supervising School Psychologist's Certificate.)

| I DEGREE INFORMATION | | |
|----------------------|------------------------------|-----------------------|
| TYPE | NAME OF GRANTING INSTITUTION | YEAR DEGREE CONFERRED |
| Bachelor's | | |
| Master's | | |
| Specialist's | | |
| Ph.D./Ed.D | | |
| Other (specify) | | |
| | | |

Official transcripts of your school psychologist program are the only transcripts required for the evaluation. If you hold a higher degree and wish this degree to appear on your certificate, please provide official transcripts.

| II CERTIFICATION INFORMATION | | | | |
|---|-----|----|--------|-----------------|
| | YES | NO | | EXPIRATION DATE |
| I previously held a Michigan School Psychologist Certificate. (If YES, attach copy.) | | | TYPE: | |
| I presently hold a valid out-of-state School Psychologist Certificate. (If YES, attach copy.) | | | State: | |

| III CONVICTION/REVOCATION INFORMATION | | |
|--|-------|------|
| 1. Have you ever been convicted of, pled no contest to, or pled guilty to a felony? (check one) | 9 Yes | 9 No |
| 2. Have you ever been convicted of, pled no contest to, or pled guilty to a misdemeanor involving a minor? (check one) | 9 Yes | 9 No |
| 3. Have you had a school psychologist certificate suspended or revoked? (check one) | 9 Yes | 9 No |

Applicant's signature

Date

DO NOT WRITE BELOW THIS LINE

| | | | |
|-------------|---------------|-----------------|--------------------|
| Institution | Degree | Date Issued | Certificate Type |
| | | | |
| Fee Paid | Date Approved | Expiration Date | Certificate Number |
| \$ | | | |